

SECRETARY OF STATE

NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI

STATE VETERANS AFFAIRS BOARD

State Veterans Affairs Board c/o Avery Mounger Lee 3466 HWY 80 East Post Office Box 5947 Pearl, MS 39208 601-576-4857

Specific Legal Authority authorizing the promulgation of Rule: Miss. Code Ann., Section 35-1-7 Miss. Code Ann., Section 35-1-27

Reference to Rules repealed, amended or suspended by the Proposed Rule: Mississippi State Veterans Affairs Board Policies, Rules and Regulations, Section 2. Veterans Homes

Explanation of the Purpose of the Proposed Rule and the reas amendment to SVAB Policy to include a dietary policy for all res adoption of amendment to establish a bedhold rate policy for those voluntary pass from the veteran nursing homes.	sidents living in veteran nursing homes. Also, proposed
This rule is proposed as a ⊠Final Rule, and/or a ☐ Temporary I	Rule (Check one or both boxes as applicable.)
Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.	
Oral Proceeding: (Check one box below)	
An oral proceeding is scheduled on this rule on Date Place:	: Time:
the above address at least days prior to the proceeding	proceeding you must make a written request to the agency at g to be placed on the agenda. The request should include contact information; and if you are an agent or attorney, the ties you represent.
will be held if a written request for an oral proceeding is persons. The written request should be submitted to the (20) days after the filing of this notice of proposed rule	here an oral proceeding is not scheduled, an oral proceeding submitted by a political subdivision, an agency or ten (10) agency contact person at the above address within twenty adoption and should include the name, address and telephone are an agent or attorney, the name, address and telephone
Economic Impact Statement: (Check one box below)	
The agency has determined that an economic impact	statement is not required for this rule, or
☐ The concise summary of the economic impact staten	nent required is attached.
The entire text of the Proposed Rule including the text of any rule	e being amended or changed is attached.
ach An.	roposed Effective Date of Rule: May 16, 2010
Executive Director	

SOS FORM APA 001 Effective Date 01/07/2005